

JAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(31) 305-6403

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8	1						58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	1						65					
16		1					66					
17			2				67					
18			2				68					
19	1						69					
20		1					70					
21							71					
22							72					
23							73					
24							74					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL ID	4						TOTAL IND.					
TOTAL EP.	1	2					TOTAL DEP.					
TOTAL CLAIMS	2						TOTAL CLAIMS					